



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-234 Ignition Operations

Nominations due April 9, 2012

An NWCG nomination form **MUST** be submitted for student selection.

Minimum number of students: 15

Maximum number of students: 30

Objective:

- Describe the roles and responsibilities of the FIRB for planning, execution, safety, and coordination of an ignition operation on a wildland or prescribed fire.
- Describe the specialized firing devices, their characteristics, applications, safety and transpiration requirements, maintenance needs and availability.
- Prepare a briefing that contains desired fire behavior, firing techniques, necessary resources, coordination, communication, and evaluation.

DATES OF COURSE: April 24-25, 2012

PREREQUISITES: Intermediate Wildland Fire Behavior (S-290)

TARGET GROUP: Personnel desiring to be qualified as firing boss, single resource (FIRB) and resource personnel involved in fire use.

COST: No fee

LOCATION: Leavenworth, WA – Chelan County Fire District 3 Station31
228 Chumstick HWY, Leavenworth.

Lead instructor

Walter Escobar
Wenatchee River RD-USFS
600 Sherbourne
Leavenworth, WA 98826
509-548-2590

FAX #509-548-0917

walterescobar@fs.fed.us

Course Coordinator

Dave Nalle
Wenatchee River RD - USFS
600 Sherbourne
Leavenworth, WA 98826
509-548-2582

FAX #509-548-0917

dnalle@fs.fed.us

Mail, e-mail or FAX registrations to: Dave Nalle
NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number S-234	Course Name Ignition Operations	PRIORITY ____ of ____			
IQCS Session Number	Course Location Chelan County #3 Station 31	Course Date(s) 4/24-4/25, 2012			
Course Tuition (if required)	Course Coordinator Name (First Last) Dave Nalle	Course Coordinator Phone Number 509-548-2582			
Course Coordinator E-Mail dnalle@fs.fed.us	Course Coordinator FAX Number 509-548-0917	Date Submitted			
Employee's IQCS ID Number:					
Nominee's Name (First MI Last)					
Working Job Title				E-Mail	
Agency Name				Fax	
Home Unit				Nominee's Mailing Address (if different)	
Street				Street	
City		State		City	State
Zip		Telephone		Zip	Telephone
List training completed and dates pertinent to this course:					
List your past qualifications pertinent to this course:					
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)					
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)					
Remarks:					

Course Name: S-234

Nominee Name: _____

PART II AGREEMENT TO COLLECT FUNDS (Complete only if there is a tuition charge)

Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

NON-FEDERAL AGENCIES: Contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include required fiscal references)

Agreement Number: _____

OTHER FEDERAL AGENCIES: This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include agency location)

Agreement Number: _____

SAME AGENCY AS PROVIDER: The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

COMPLETE CHARGE CODE: (Including Override)

Agreement Number: _____

ADDRESS/SIGNATURE:

Billing address if different than Sponsor or Agency Address:

AUTHORIZED TO EXPEND FUNDS
LISTED ABOVE:

AGREES TO PROVIDE TRAINING
REQUESTED:

Signature Date

Signature Date

Title

Title

